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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

July 7, 2001 **Filing Date First Named Inventor** Lang 1764 Group Art Unit A.A. Wachtel **Examiner Name** 11302-1250 (44040-26 Attorney Docket Number

To: Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450 I hereby apply to withdraw as attorney or agent for the above identified application. The reasons for this request are: Conflict of interest I hereby apply on behalf of all attorneys at Kilpatrick Stockton LLP, to withdraw as attorney or agent for the above-identified patent application. I am authorized to act on behalf of all attorneys at Kilpatrick Stockton LLP associated with Customer Numbers 23370 and 23594 and 29843. 1. The correspondence address is NOT affected by this withdrawal. 2. \(\times \) Change the correspondence address and direct all future correspondence to: **CORRESPONDENCE ADDRESS** Place Customer Number Bar Code Label here Customer Number OR Firm or Andrew D. Stover Individual Name Brinks, Hofer, Gilson & Lione Address Address NBC Tower - Suite 3600, 455 North Cityfront Plaza Drive City Chicago State **ZIP** 60611-5599 Country USA 312-321-4200 Fax Telephone 312-321-4299 ☐ This request is made on behalf of myself and all the attorneys/agents of record, the attorneys/agents (with registration numbers)-listed on the attached paper(s), or the attorneys/agents associated with Customer Number any attachme This request is enclosed in triplicate (including Name Robert E. Righards Signature Date NOTE. Withdrawal is effective when approved rather than when received Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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